An Introduction and Membership Invitation

from the

National Association of Recovery Residences

September 12, 2011

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An Introduction and Membership Invitation to the National Association of Recovery Residences

Executive Summary

Addiction is a chronic disease, not an acute health problem that is cured by a single dose of treatment. ***Recovery residences*** provide a vital service for initiating and sustaining long-term recovery and many thousands exist in the United States encompassing all levels of residential support. However, a unified national voice for recovery residences did not exist nor was there a uniform standard for recovery residences**.** The National Association of Recovery Residences (**NARR**) fills these voids. Industry leaders from across the United States came together in 2010 and created a Standard that is the cornerstone of the national association. NARR is comprised of regional recovery residence associations representing all areas of the United States. Affiliation with a national association enhances professional legitimacy and strengthens advocacy. Most importantly, the NARR Standard assures those we serve that they have a safe community residence that promotes recovery. Additional benefits of joining NARR include:

- Recognition that he recovery residence adheres to the highest level "gold" standard of operations. Affiliates realize increased credibility resulting from meeting the high level Standard and can proudly display the NARR brand on their materials.
- Access to universally accepted protocols for operating ethical, high quality recovery residences plus a clearinghouse of best practice materials pertaining to all levels of residential recovery operations.
- Staying abreast of current trends and national issues affecting recovery residences along with contributing to the dialogue on these issues.
- Access to advocacy guidance and response protocols regarding Not In My Back Yard issues, zoning challenges and other potentially discriminatory actions taken by community governments.
- Expanded referral base. Members enjoy widespread recognition via the NARR website and through other outreach efforts.
- Opportunities to participate in an accrediting association that assists members by sharing their knowledge and expertise in developing and growing regional associations.

You are invited to join the rapidly evolving movement and add to the unified voice and quality standard for recovery residences. For additional information go to www.narronline.com or send an email to info@narronline.com.

An Introduction and Membership Invitation from the National Association of Recovery Residences

The National Association of Recovery Residences (NARR) bridges the recovery residence field that ranges from peer-run homes to licensed treatment programs. The operational models underlying this continuum include recovery-oriented systems of care, the social model of rehabilitation, and communities that provide a therapeutic environment, all of which promote recovery. This paper provides an overview of the history and evolution of the recovery residence field, the current needs and context driving the organization's formation, how the organization fills the identified needs, and the organization's future. Highlighted within this material are the many benefits of joining NARR.

Current Context

NARR, a non-profit organization, is evolving to address the needs of behavioral and physical healthcare systems that are stepping up to the challenges of today's economic and socio-political demands for practice-based evidence of effectiveness. NARR's Development Committee - 48 members from 12 states - met at least weekly since November 2010 to make plans, review committee work and establish an initial framework for initiating the organization. A seminal gathering of over 40 sober living, recovery residence, halfway house and other organizations' representatives and stakeholders from across the United States occurred May 20 & 21, 2011 to initialize NARR's organizational policies and accreditation standards. Our goal was to unify the plethora of terms and standardize the operational procedures presently used across numerous levels of recovery residence facilities and organizations. Harnessing the experience and diversity of Development Committee members best serves the many pathways to recovery. Our coalition's sustained and unified voice is influential regarding other issues such as funding; program evaluation and quality improvement; offender reentry or restorative justice; and the employment and housing discrimination that affects the millions of people and families in recovery. Three key developments prompted the creation of NARR from the currently fragmented and somewhat disenfranchised recovery residence field: 1) the recovery movement, 2) the Patient Protection and Affordable Healthcare Law and 3) criminal justice reform.

The physical and behavioral health systems are bolstered by the emergent recovery-oriented systems of care movement (White et al.). Strengths-based, self-directed, and long-term recovery

services plus additional recovery supports including peer-to-peer services are enhancing participation and retention in traditional clinical treatment while sustaining involvement in the recovery communities that are vital for long-term recovery. Many convergent pathways to recovery exist ranging from mutual support groups to professional treatment, each of which may be found in various types or levels of recovery residences.

Secondly, fundamental, positive changes regarding the nature of services available to persons with substance use disorders are expected as a result of the 2009 Parity and the 2010 Patient Protection and Affordable Healthcare Laws. Thomas A. McLelland (2011) of the Treatment Research Institute and formerly Deputy Director of the White House Office of Drug Control Policy recently outlined the specific changes coming including greater access to services through the healthcare system, longer term monitoring and maintenance strategies, and efforts to teach and promote self-care. Additional key points include:

- The traditional addiction treatment model is likely to be inappropriate/ineffective for healthcare-integrated services;
- Services provided in conjunction with primary healthcare will focus on brief intervention, monitoring, and long-term maintenance;
- Does not lessen the need for specialized alcohol or other drug use treatment; and
- Parity plus the Affordable Healthcare Laws provide 3rd party funding for most services.

Lastly, Americans are seeking ways to curb criminal justice spending while improving public safety and other rehabilitation outcomes. The United States far exceeds all other nations in the number of its citizens who are involved in the criminal justice system (Pew, 2009). Led by probation, the corrections population has tripled in the last 25 years reaching 2.3 million, and, for the first time, 1 in 100 Americans is in jail or prison. Shockingly, 1 in 31 adults, or 3.2%, are under some form of criminal justice supervision. Community-based alternatives, including recovery residences, are poised to effectively curb the flow of people into jails and prisons via drug court and other front-end programs while also serving as key reentry resources for ex-inmates, of whom 75+% report alcohol or other drugs were associated with their incarceration. As states and local governments struggle with economic challenges, quality recovery residences provide affordable choices that support outpatient and other forms of community-based treatment while enhancing the treatment's effectiveness during period of economic downturns.

History and Evolution

Recovery residences have been central to the evolution of all addiction recovery services. 'Inebriate homes' and 'farms' birthed the modern addiction recovery movement. The healing characteristics of those early homes remain the essential qualities for residential environments today that provide:

1. Community: a healthy, stable community of peer support
2. Time: an extended period for establishing and practicing healthy routines, cushioned from a world where chemicals were the central focus

Specialized residential care gained prominence through the 1800s as the intervention of choice for the suffering alcoholic and addict. Washingtonian Homes – large boarding houses that coupled a place to stay with participation in temperance meetings – were an early model that offered hope for thousands in various states. In the mid 1800's, the evolving criminal justice system embraced the use of community-based facilities as a 'halfway point' between incarceration and independent living. The birth of Alcoholics Anonymous (AA) in the 1940s marked the advent of a social model of recovery. Bill Wilson was a long time guest in Dr. Bob Smith's home with each providing support to the other during their tenuous days of early sobriety. They continued the practice for the remainder of their lives of offering their homes as safe havens for others seeking recovery.

As AA evolved and the understanding of addiction improved, supportive living emerged as an alternative to institutionalization. The term 'halfway house' was coined in the 1950s to describe residences for those seeking a community-based alternative. That trend was further embraced during the mass de-institutionalization of the mentally ill in the United States in the 1970s. Addiction recovery liberally borrowed from this model, and all types of residences were established throughout the country. The Association of Halfway House Alcoholism Programs (AHHAP) was founded in 1958 to organize and professionalize this field of service.

Therapeutic communities (TCs) gained prominence in the 1960s and 1970s as an effective form of residential treatment. TCs are long-term in nature, with an emphasis on community support and responsibility for dismantling destructive thought and behavior patterns. The TC model was ground breaking because of the premium placed on the intentional training and employment of recovering addicts and alcoholics.

On the other end of the residential spectrum of services, a peer-run residential model emerged in 1975, made popular by Oxford House, Inc. Without paid staff, each house is financially self supporting and managed as a communal democracy. Today thousands of Oxford Houses throughout the world utilize this simple, sober home model.

These historical models are still in evidence today in the residential continuum of services. Recovering addicts/alcoholics may receive services in a recovery residence ranging from the peer-run sober home to a residential program that also provides treatment. A myriad of names are used to describe these residential supports – halfway house, sober living, extended care, ¾ house, dry house, etc. Unfortunately these descriptors lack clarity and uniformity, and the meaning of each often depends on the system or area of the country in which one operates. This contributes to significant confusion about matching facilities to individual needs for both potential residents; professionals in the behavioral health, physical healthcare and criminal justice fields; and recovery supporters in the recovery community.

Recovery housing is the basic service provided by recovery residences that includes, at a minimum, recovery peer support(s). ***Recovery residence*** is an all encompassing term that accurately describes the residential modality of recovery support. The National Association of Recovery Residences (NARR) began in response to a call for residential providers across the service spectrum to create a uniform language and standards for all types of recovery residences.

The National Need

Over two million people in the United States participate in alcohol or other drug treatment programs each year. Outcome studies show that the longer an individual remains in a treatment or recovery environment, the greater are her or his chances of sustaining long-term recovery. However, people in early recovery are often discharged from programs only to return to the pre-treatment environment where alcohol or other drug use triggers are immediately and repeatedly experienced. For many, recovery residences provide a vital bridge from in-patient or institutional treatment to recovery communities and independent living. In addition, recovery residences assist people in later stages of recovery by providing a safe, healthy place to live that focuses or re-focuses them on their recovery.

Many recovery residences have operated with little supervision or accountability either because they are exempt from oversight or because valid laws are difficult to enforce. Implementing

ethically and legally defensible recovery residence standards promotes recovery instead of promulgating discrimination against people in recovery.
The purposes of NARR include promoting continuous quality improvement in the services provided at recovery residences; creating a common language used by staff, residents, referral and continuing care sources; increasing collaborations locally and nationally that enhance the networking of recovery residences; providing technical assistance, resource development and training opportunities; and bridging the gap between treatment providers and recovery communities.

How NARR Fills the Need

NARR fills a void in existing recovery residence practices and accountability. The initiatives that are the organization's immediate focus include the programs below. Each is described briefly in this section:

1. Building the organization's administration,
2. Maintaining a standard for recovery residence quality improvement,
3. Affiliating with regional/local recovery associations and residences,
4. Advocating for the adoption of the NARR Standard nationally,
5. Delivering technical assistance to form regional recovery residence associations,
6. Serving as a recovery residence information and referral clearinghouse,
7. Promoting research, evidence-based training and public information campaigns, and
8. Defending the housing rights of recovery residences and residents.

Building NARR's Administration

NARR is currently incorporated in Georgia, with an application in process for 501(c)(3) nonprofit status. During NARR's first organizational meeting held in May 2011 in Marietta Georgia, a 15 member Executive Committee was elected to serve for one year during the formation of the organization. NARR's initial Development Committee and the Executive Committee are representative of individual recovery residence providers, regional and state recovery residence associations, state agencies, local governments and national recovery-related organizations. Appendix A contains a list of charter members. As NARR grows the goal is to draw from the national pool of recognized experts in recovery, housing and related fields.

All of NARR's current administrators are volunteers. Operating expenses are covered primarily from the member fees paid by recovery residence provider associations and by individual recovery housing providers. Additional income includes donations from other organizations and individuals. A key initial task of the organization once its nonprofit status is finalized is identifying other funding opportunities including grants. A description of funding requirements appears near the end of this document.

Maintaining a Standard for Recovery Residence Quality Improvement

NARR's first major initiative was developing a uniform national standard for recovery residences. The Standard, found in Appendix B, is applicable to all recovery residences regardless of the form of home organization or level of support services offered. It is rigorous with respect to health, safety, professionalism, training and ethics.
The Standard and associated work incorporates a uniform terminology that has been missing from discussions about recovery residences and the work they do.
In addition to health and safety considerations, the NARR Standard:

- Emphasizes the dignity of the individual and the power of peer-to-peer recovery principles,
- Recognizes that different requirements are appropriate for different levels of recovery support. Four levels of recovery residences are defined which span the range from peer-operated homes to residences that provide a wide variety of professional treatment and other recovery support services. See Appendix B.
- Fosters implementation of evidence-based practices for diverse populations of providers and residents.

The creation of a rigorous and widely accepted Standard for recovery residences is important for several reasons. The Standard:

1. Creates a process for identifying best practices and codifies them with clear terminology for recovery residence participants (residents), housing providers and associations; legislative and regulatory bodies; medical and behavioral health professionals; criminal justice personnel and other stakeholders,
2. Provides a common basis for assessing the quality and effectiveness of recovery residences,
3. Responds to many requests by Federal and state agencies for a single, coherent and uniformly implemented set of criteria for recovery residences,

4. Defines a uniform terminology for all recovery residence types which has been a source of misunderstanding and confusion due to a lack of precision and differing regional meanings. This common language creates a precise framework for communications about critical issues.
5. Addresses legitimate local concerns about operational practices of recovery residences operating in their communities,
6. Poises the recovery residence and field as a key participant in the comprehensive health care reform service delivery system.

Even well-developed standards change periodically to reflect new knowledge and changes in the local environments in which recovery occurs. The NARR Standard for Recovery Residences will be maintained by the organization, and revised through a defined, participatory process.

Affiliating with Regional/Local Recovery Residences and Associations

NARR has attracted the support of many recovery residence provider associations as reflected in the Charter Member list in Appendix A. Representatives of these organizations have been instrumental in developing NARR as an organization, its Standard, Affiliation Criteria, and other products. Regional provider associations are important for a number of reasons. Paramount is the association's responsibilities for accrediting and re-accrediting members and delivering continuing education and technical assistance for local residence staff.

Formal affiliation provides mutual support and accountability. Affiliates accept the responsibility of administering (in the case of regional provider association) or adhering to (in the case of providers who do not have a regional association) the Standard. NARR provides affiliates with the means for participating in, and contributing to, NARR programs, including standards development, training, research, policy advocacy, and funding streams.

Where regional associations exist NARR will assist with Standard implementation and affiliation applications. The Affiliation Criteria and Application, included in Appendix D, ensure that regional associations have a defined membership, incorporate substantial provider-member involvement, have processes in place to address resident and community concerns, and are capable of administering the NARR Standard.

Regional associations differ substantially in their ability to support individual recovery residences. The Affiliation Criteria provide the regional association with an objective set of criteria for self-assessing their effectiveness. Affiliation with NARR provides access to information and expertise from other associations on how to address the challenges they face. This sharing process is the hallmark and first step toward effective knowledge transfer and system transformation.

A set of Affiliation Criteria will be available soon for recovery residences that do not have a local or regional provider association but who meet the Standard. Assistance is also available for joining or forming a regional recovery residence association.

Advocating for the Adoption of the NARR Standard Nationally

NARR advocates with city, state and federal government officials to promote the NARR Standard-based accreditation that improves the monitoring, supervision, and quality of recovery residences. The Standard sets uniform operational practices and performance criteria that enhance potential residents' and referral sources' knowledge of the strengths of a particular recovery residence. The need for recovery residences has intensified due to overall housing shortages, a decrease in government housing programs, the gentrification of older neighborhoods, and an intensification of Not in My Back Yard (NIMBY) attitudes.

NARR and its organizational affiliates promote the benefits of adhering to the Standard to national, state and local stakeholders. Although NARR includes many recovery residence associations, additional groups are welcome to become affiliates. NARR affiliation brings enhanced credibility plus formal linkages to other quality recovery resources. This credibility and linkage is particularly relevant for the recovery residence that is not currently affiliated with a regional recovery residence association.

Delivering Technical Assistance to Form Regional Recovery Residence Associations

Regional recovery residence associations benefit single recovery residences, their residents and the local community. NARR affiliates include well-managed and seasoned recovery residence associations who are available to share their expertise and demonstrated success. NARR coordinates this technical assistance for forming local recovery residence associations. As discussed in additional sections below, ongoing training, consultation, mentoring, and support is available and the potential benefits are significant.

Local recovery residence associations provide the means for establishing and maintaining accountability which in turn leads to community acceptance. A locally-based association can speak more forcefully than can individual recovery residences especially regarding the stigma and discrimination often faced by residents and staff. Such prejudices, often unfounded, are a formidable barrier to successful long-term recovery and a recovering individual's right to live in a neighborhood of their choice. Efforts to address and counteract these circumstances may be demoralizing, expensive and often futile for single recovery residences. However, a strong local

recovery residence association provides the mutual support and infrastructure resources needed to counter negative attitudes and hostile actions.

Serving as a Recovery Residence Information and Referral Clearinghouse

Recovery residences and associations are on the front line for disseminating accurate information about their vital role in recovery systems of care. NARR's website provides a library of information on best program and business practices, national and local developments, and technology utilization. In addition, this clearinghouse supports NARR's training initiatives, discussed in the next section.

Promoting Research, Evidence-Based Training and Public Information Campaigns

NARR is dedicated to the transfer of concrete knowledge about recovery residences. Individual housing providers need valid, actionable information about the operation of successful recovery residences. The public wants accurate information about recovery residences' program characteristics and qualities for decisions regarding matching an individual's recovery goals with socio-culturally suitable programs. State and local decision makers demand reliable information about the vital role of recovery residences in enhancing the safety and health of neighborhoods and communities. Policy makers and health care professionals require dependable information about the potential impacts of recovery residences when incorporated effectively into comprehensive health care planning. In short, everyone benefits from research that identifies the practices that improve recovery and other health outcomes.

NARR divides the knowledge development and transfer activities into three areas: training, research and communication.

Training

Implementing and sustaining a national recovery residence Standard is accompanied by a need for specialized training on the development and successful operation of quality recovery residences. Access to such training is a primary benefit of NARR affiliation.

The initial training focus is a core curriculum based on the Standard and related material including universal recovery residence terminology, recovery residence levels, business practices, and organizational ethics. Beyond that is a need for specialized training that targets specific levels of recovery residences from peer-run to treatment.

NARR meets the challenge of providing affordable and cost-effective training by using the latest technology including web-based training and other distance learning products.

Research

Despite a history extending back over seven decades, recovery residences are just beginning to receive both the sustained attention of researchers and the dividends accrued from participating in scientific studies. NARR's alliances with academic institutions and private research firms enhance NARR members' suitability for grant and other funding sources which is further bolstered by the Center for Substance Abuse Treatment's priority on developing recovery-oriented systems of care (ROSC). Recovery residences deliver vital and cost-effective components that are often necessary for long-term recovery. Within a short amount of time, practice-based evidence of effectiveness will encourage additional fiscal and program resources for NARR members willing to participate in research.

Public Information Campaigns

In addition to training and research, NARR creates materials for distribution to professional publications; print, radio and television media outlets, and web-based social networking media. Much of this content addresses the nature and fundamental role of recovery residences in sustainable and progressive long-term recovery. Many recovery residences find that the public's increased understanding of their invaluable role leads to an expansion of resources and capacity. Serving people in crisis by helping family and friends to find residential recovery services contributes to a better understanding of the recovery process and the importance of safe, supportive residential environments for achieving long-term recovery. Clear and targeted communications and publications designed for general audiences challenge prevailing attitudes toward recovery and remove potential barriers for people seeking recovery.

Defending the Housing Rights of Recovery Residences and Residents

NARR actively assists in challenging instances where local discrimination violates Federal laws which prohibit housing discrimination against individuals who have a disability. People in recovery are legally defined as disabled for purposes of access to housing, on a par with all other protected classes, and they have a right to live in the housing of their choice. Traditionally, housing discrimination was largely practiced by property owners. However, a disturbing trend has recently emerged consisting of discriminatory actions by local governments through zoning, permitting and similar laws. These actions not only force recovery residences to close, they also create barriers to new capacity in communities that desperately need them.

NARR's clearinghouse of information collected at the local level is accessible to residences, their legal advisors and allied organizations. Through NARR connections, residences can learn about legal and advocacy resources that may be helpful to them, even if located elsewhere. Our assistance in the formation and operation of local recovery residence associations includes training and information about effective local advocacy on housing rights and other recovery issues. NARR also assists local housing rights and advocacy organizations to form alliances across local boundaries so that information and expertise can be shared. Finally NARR advocates for clearer guidance and earlier intervention by Federal agencies responsible for defending the housing rights of disabled populations.

Funding Needs

Achieving the goals outlined in this paper requires fiscal resources. Visibility and credibility are the cornerstones of advocacy. NARR representatives and member volunteers actively participate in national and state conferences, round table discussions, recovery activities, and other initiatives. While these representatives generously donate their time, funding is needed for travel and related expenses to participate in these meetings. Staff is needed to oversee maintenance of the NARR website and sustain a presence in social networking and other media. Additional promotional materials are needed that convey the advantages of NARR membership to prospective members, potential partner organizations, and possible funding sources. Funds covering travel and meeting expenses to promote the Standard and to develop regional associations are also immediate needs.

NARR's funding will be based on an expanding variety of sources. Membership and technical assistance fees are currently the primary revenue streams. Looking forward, continuing education registrations, sponsorship and associate membership dues, and donations will insure success. Grant funding and established relationships with SAMHSA, NIDA, NIH and other public and private funding sources are essential.

Creative Partnerships & Advocacy

NARR aggressively advocates for the people who are seeking or who are in recovery, for the recovery residence field, and for the adequate funding necessary to expand recovery support services. NARR maintains a presence at the national level, at national venues, and with the pertinent Federal agencies including, among others, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT), the

White House Office of National Drug Control Policy (ONDCP), the Department of Housing and Urban Development (HUD), the Department of Labor, the Department of Justice, the National Institute on Drug Abuse (NIDA), at the National Institutes of Health (NIH), members of the House and Senate on Capitol Hill, (in particular those in caucus and committee leadership roles), and others who support recovery.

In closing, NARR thanks you for the work you do to support and promote recovery in our communities.

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Appendix A: NARR Charter Members

Appendix B: NARR Standards

Appendix C: NARR Ethical Statement

Appendix D: Affiliation Criteria for Recovery Residence Provider Organizations

National Association of Recovery Residences

Charter Members

as of September 19, 2011

California Association of Addiction Recovery Resources (CAARR) (CA)

Connecticut Community for Addiction Recovery (CCAR) (CT)

Georgia Association of Recovery Residences (GARR) (GA)

Sober Living Network (CA)

Texas Recovery-Oriented Housing Network (TROHN) (TX)

The Sanctuary in Delray Beach (FL)

The Standard for Recovery Residences

Version 1.0: September 2011

National Association of Recovery Residences

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		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I **Peer-Run**	**LEVEL II** **Monitored**	**LEVEL III** **Supervised**	**LEVEL IV** **Service Provider**
STANDARDS CRITERIA	**ADMINISTRATION**	• Democratically run • Manual or P& P	• House manager or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	• Drug Screening • House meetings • Self help meetings encouraged	• House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services	• Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
	RESIDENCE	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed staff

National Association of Recovery Residences
Member Standards

1. Organizational/Administrative Standards	Level I	Level II	Level III	Level IV
1.1. Recovery Residences are legal business entities as evidenced by business licenses or incorporation documents;	Strongly Recommend	Strongly Recommend	X	X
1.2. Recovery Residences have a written mission and vision statement;	X	X	X	X
1.3. Recovery Residences have a written code of ethics;	X	X	X	X
1.4. Recovery Residences property owners/operators carry general liability insurance;	Strongly Recommend	Strongly Recommend	X	X
1.5. Recovery Residences comply with state and federal requirements. **If required,** documents such as licenses and certificates of occupancy are visible for public view;	X	X	X	X
1.6. Recovery Residences clearly identify the responsible person(s) in charge of the Recovery Residence to all residents;	X	X	X	X
1.7. Recovery Residences clearly state the minimum qualifications, duties, and responsibilities of the responsible person(s) in a written job description and/or contract;	n/a	n/a	X	X
1.8. Recovery Residences provide drug and alcohol free environments;	X	X	X	X
1.9. Recovery Residences collect and report accurate process and outcome data for continuous quality improvement;	Strongly Recommend	Strongly Recommend	X	X
1.10. Recovery Residences have written permission from the owner of record to operate a Recovery Residence on their property;	X	X	X	x
2. Fiscal Management Standards	**Level I**	**Level II**	**Level III**	**Level IV**
2.1. Recovery Residences maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits;	X	X	X	X
3. Operation Standards	**Level I**	**Level II**	**Level III**	**Level IV**
3.1. Recovery Residences post emergency procedures and staff phone number in conspicuous locations;	n/a	n/a	X	X
3.2. Recovery Residences post emergency numbers, protocols and evacuation maps;	X	X	n/a	n/a

National Association of Recovery Residences
Member Standards

4. Recovery Support Standards	Level I	Level II	Level III	Level IV
4.1. Recovery Residences maintain a staffing plan;	If Applicable	If Applicable	X	X
4.2. Recovery Residences use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery;	X	X	X	X
4.3. Recovery Residences adhere to applicable confidentiality laws;	X	X	X	X
4.4. Recovery Residences keep resident records secure with access limited to authorized staff only;	X	X	X	X
4.5. Recovery Residences have a grievance policy and procedure for residents;	X	X	X	X
4.6. Recovery Residences create a safe, structured, and recovery supportive environment through written and enforced residents' rights and requirements;	X	X	X	X
4.7. Recovery Residences have an orientation process that clearly communicates residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information;	X	X	X	X
4.8. Recovery Residences foster mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions, house meetings, community gatherings, recreational events, and/or other social activities;	X	X	X	X
4.9. Recovery Residences foster recovery-supportive, alcohol and drug-free environments through written and enforced policies and procedures that address: residents who return to alcohol and/or drug use; hazardous item searches; drug-screening and or toxicology protocols; and prescription and non-prescription medications usage and storage;	X	X	X	X
4.10. Recovery Residences encourage each resident to develop and participate in their own personalized recovery plan;	X	X	X	X
4.11. Recovery Residences inform residents on the wide range of local treatment and recovery support services available to them including: 12 step or other mutual support groups, recover community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities;	X	X	X	X

National Association of Recovery Residences
Member Standards

4. Recovery Support Standards (Cont.)	Level I	Level II	Level III	Level IV
4.12. Recovery Residences provide nonclinical, recovery support and related services;	X	X	X	X
4.13. Recovery Residences encourage residents to attend mutually supportive, self help groups and/or outside professional services;	X	X	X	X
4.14. Recovery Residences provide access to scheduled and structured peer-based services such as didactic presentations;	n/a	n/a	X	X
4.15. Recovery Residences provide access to 3rd party clinical services in accordance to State laws;	n/a	n/a	X	X
4.16. Recovery Residences offer life skills development services;	n/a	n/a	X	X
4.17. Recovery Residences offer clinical services in accordance to State laws;	n/a	n/a	n/a	X
5. Property Standards	Level I	Level II	Level III	Level IV
5.1. Recovery Residences abide by all local building and fire safety codes;	X	X	X	X
5.2. Recovery Residences provide each residents with food and personal item storage;	X	X	X	X
5.3. Recovery Residences place functioning fire extinguishers in plain sight and/or in clearly marked locations ;	X	X	X	X
5.4. Recovery Residences have functioning smoke detectors installed. If the residence has gas appliances, functioning carbon monoxide detectors are installed;	X	X	X	X
5.5. Recovery Residences provide a non smoking internal living environment;	X	X	X	X
5.6. Recovery Residences have a community room large enough to accommodate house meetings and sleeping rooms that adhere to local and state square footage requirements;	X	X	X	X
5.7. Recovery Residences have one sink, toilet and shower per six residents or adhere to local and state requirements;	X	X	X	X
5.8. Recovery Residences have laundry services that are accessible to all residents;	X	X	X	X

National Association of Recovery Residences
Member Standards

5. Property Standards (Cont.)	Level I	Level II	Level III	Level IV
5.9. Recovery Residences maintain the interior and exterior of the property in a functional, safe and clean manor that is compatible with the neighborhood;	X	X	X	X
5.10. Recovery Residences have meeting spaces that accommodate all residents;	X	X	X	X
5.11. Recovery Residences have appliances that are in working order and furniture that is in good condition;	X	X	X	X
5.12. Recovery Residences address routine and emergency repairs in a timely fashion;	X	X	X	X
6. Good Neighbor Standards	**Level I**	**Level II**	**Level III**	**Level IV**
6.1. Recovery Residences provide neighbors with the responsible person(s) contact information upon request. The responsible person(s) responds to neighbor's complaints, even if it is not possible to resolve the issue;	X	X	X	X
6.2. Recovery Residences have rules regarding noise, smoking, loitering and parking that are responsive to neighbor's reasonable complaints;	Strongly Recommend	Strongly Recommend	X	X
6.3. Recovery Residences have and enforce parking courtesy rules where street parking is scarce;	X	X	X	X

Application Package for Regional Recovery Residence Provider Organizations

September 2011

The mission of the National Association of Recovery Residences (NARR) is to create, evaluate and improve standards and measures of quality for all levels of recovery residences. NARR provides a forum for exchanging ideas to include developing uniformity of nomenclature for our field, problem solving and advocacy. We assist existing regional associations in their growth, and foster the development of recovery residence associations where none exist. NARR is the national resource for recovery residence providers seeking standards, protocols for ethical practice, training, and state of the art information pertaining to all levels of residential recovery operations.

National Association of Recovery Residences

5456 Peachtree Blvd., Suite 431

Atlanta, GA 30341

www.narronline.com

NARR
National Association of Recovery Residences

Criteria for Affiliation: Recovery Residence Provider Organizations

Purpose of these affiliation criteria

The proposed criteria listed below address the requirement that affiliates be effective organizations, with defined membership and administrative policies, and are able to implement and enforce NARR standards with integrity. This document package contains NARR's affiliate criteria, the affiliate application, a description of the levels of service which define residences under the NARR standard, and finally a fee exhibit and worksheet.

Regional recovery residence provider organizations wishing to become NARR affiliates are expected to meet these criteria:

1. Organizational structure

1.1. The affiliate must have a defined membership, including a minimum number of two recovery residence providers.

1.2. The affiliate must have a formal organizational and leadership structure.

1.3. The affiliate must have and effectively administer a formal process for membership applications and renewals. Membership renewal reviews should be conducted at least biannually.

1.4. The affiliate must conduct regular officer or leadership meetings, and regular membership meetings. Leadership and membership meetings must take place quarterly at a minimum.

1.5. The affiliate must be a nonprofit organization or unincorporated association.

2. Existing affiliate standards for provider members and related processes

2.1. The affiliate must maintain a set of existing standards for its provider members. NARR reserves the right to review these standards as part of the application process, but will not require the degree of specificity embodied in our own standard for recovery residences.

2.2. The affiliate's existing standards must include a code of ethics or provisions in its standards which are equivalent to a code of ethics.

2.3. The affiliate must have and effectively administer a defined process for ensuring adherence to standards.

2.4. The affiliate has an established and publicized process for resolving disputes and complaints from residents, former residents and from the general public.

2.5. Upon adoption of NARR standards for recovery residences, affiliated provider organizations will be expected to adopt these standards for their own members. NARR will develop a process by

which affiliates may seek deviations and waivers from published NARR standards. An exception will not be required if the standard exceeds the NARR standard.

3. Records management

3.1. The affiliate must maintain adequate records of membership and standards compliance.

3.2. The affiliate must maintain clear, accurate and complete financial records and make them available to members upon request.

4. Contribution to NARR's vision and mission

4.1. The affiliate must be able to participate in NARR activities and initiatives, even though the extent of that participation will depend on the resources available to the affiliate to engage in such participation.

4.2. The affiliate must be willing and able to participate in NARR-sanctioned data collection and research efforts.

4.3. The affiliate agrees to financially support NARR through payment of affiliate fees. A fee schedule for residences eligible for NARR affiliation is attached as Exhibit 1.

Initial and renewal applications

Applicants should be prepared to submit two letters of support from organizations in its service area with which they have active organizational relationships.

Affiliation is valid for one year from the date of acceptance by the NARR Executive Committee. Renewal applications must be submitted annually in advance of the anniversary date of the affiliate relationship.

In addition to the criteria listed above, applicants are expected to provide information on the following (space for this information is provided in the application):

- Accomplishments during the preceding 12 months,
- Plans for activities and projects in the coming 12 months,
- Membership census information including:
    - Number of providers
    - Number of residences at each level of support defined in the residential standards
    - Residential capacity by level of support

Terms and conditions

Affiliates agree to cooperate with NARR in efforts to resolve complaints received by NARR about the affiliate or about its individual members.

The affiliate relationship is severable by either party with a 30 day notice period. Affiliates may appeal NARR disaffiliation decisions to the Membership Committee.

Amendment of these criteria

These criteria apply to founding and initial applicants for affiliation. NARR may amend these criteria periodically according to a process similar to that adopted for amending its standard for recovery residences.

Submitting applications

Please complete the entire application form electronically and submit the form via email if at all possible. If submitting by email, please send a signed copy of the last page of the application either as a scanned document via email or by postal mail to the address below.

Applications should be sent to info@narronline.com. Please send checks and any hard copy applications to:

National Association of Recovery Residences
5456 Peachtree Blvd., Suite 431
Atlanta, GA 30341

The Executive Committee will review applications and notify applicants of its affiliation decisions as soon as possible after all information has been reviewed.

Recovery residences not affiliated with a local or regional provider organization

The affiliation criteria listed above, and this application form, apply ***only to regional and local provider organizations***, not to individual providers. Individual providers eligible for membership in a NARR-affiliated regional provider organization are encouraged to affiliate with such an organization. Membership in an affiliated regional organization will confer all the benefits of NARR affiliation.

Unaffiliated providers in areas not served by regional provider organizations are strongly encouraged to work with other quality providers to form qualifying regional provider organizations. NARR is available to assist in that process.

Individual providers unable to join an affiliated provider organization for geographic or other reasons will be able to obtain individual NARR affiliate status provided they meet criteria we will develop for that purpose.

Exhibit 1: Annual affiliate fees

This table applies to recovery provider associations requesting NARR affiliation according to the criteria described above.

Annual Fees for Recovery Residence Provider Associations

Annual association application fee	$ 150.00
Plus these amounts per unit of capacity	
Per Level 1 bed	$ 0.50
Per Level 2 bed	$ 0.70
Per Level 3 bed	$ 1.00
Per Level 4 bed	$ 1.50

Until October 2012, first year affiliate fees will be capped at a maximum 1000 beds per association.

The total annual fee is the sum of the application fee and the capacity-based charge. Half of the annual fee is due upon application, with the balance due within 90 days of acceptance.

The capacity-based portion of the affiliate fee applies only to those association residences which are eligible for NARR affiliation. We understand that associations and providers may also support or operate residences which are not recovery residences as defined by our standards. Those unrelated residences need not be included in calculating the NARR affiliation fee.

Please contact NARR to discuss fee issues which may uniquely affect your association. We do not wish to deny affiliation to any quality organization if the only obstacle is an inability to meet the financial obligations outlined above.

Application for NARR Affiliation

For regional associations of recovery residences

If you need more space for answers to application questions, please feel free to use a separate sheet. Application forms may be emailed to info@narronline.com. Application material sent by postal or express mail should be addressed to:

National Association of Recovery Residences
5456 Peachtree Boulevard, Suite 431
Atlanta, GA 30341

Section 1: Organizational Information

Name of organization:

Organization type:

State of organization or incorporation:

Year founded:

Service area:

Contact information:

- Principal business address:
- Mailing address (if different):
- Principal contact person, title:
- Contact phone:
- Contact email address:

Website address:

Provider organizations, residents and resident capacity

- Number of recovery residence provider organization members:
- Approximate total number of recovery residences operated by members:
- Approximate residences and capacity by level of service (see Attachment 1 for a description of levels of support):

Level of support	Residences	Capacity (beds)
Level 1		
Level 2		
Level 3		
Level 4		

- Approximate total resident capacity:

Number of association employees:

Approximate association expenditures, latest fiscal year:

Does this organization operate any recovery residence(s) or behavioral health program(s) in its own name?

If yes, please describe:

Please describe this organization's significant accomplishments during the past 12 months:

What are this organization's major planned activities and projects for the next 12 months?

Section 2: Organization management and governance

Describe this organization's governance and leadership structure:

Describe members' role in the organization's governance (election of officers, participation on committees, participation at meetings, rights to introduce and to vote on member initiatives, etc.):

Frequency of membership meetings:

Section 3: Standards, codes of ethics, dispute resolution

Does this organization maintain formal standards for the operation of recovery residences?

Does this organization maintain a code of ethics to which all members subscribe, or does it have equivalent ethics provisions in its existing standards?

Does this organization intend to adopt the NARR standards when approved by the NARR board?

Do formal processes exist for membership application and renewal?

Is provider/member status reviewed at least biannually?

Does this organization have a defined process for resolving complaints from residents and the public about member residences? If yes, briefly describe:

Section 4: Membership and financial records

How are membership records maintained?

Describe your financial record keeping and reporting practices:

How is financial information disseminated to the membership?

Do members have the right to inspect your organization's financial records?

Section 5: Support for NARR activities and mission

Is this organization willing to participate in NARR activities and programs?

Is this organization willing and able to support NARR-sponsored research initiatives?

Is this organization willing and able to contribute financially to the operation of NARR by payment of applicable annual affiliate fees?

Does this organization intend to conform to affiliate requirements which are enacted by NARR for adoption by its affiliates?

Does this organization agree to cooperate with NARR in efforts to resolve complaints received by NARR about the affiliate or about its individual members?

Section 6: Affiliate fees

Total annual affiliate fees (from Attachment 2 worksheet):

Fee payment included with this application:

(At least half of the annual fee is due upon application. The balance is due 90 days from date of application approval.)

Certification

I certify that this application is supported by the applicant organization named above, and that it has delegated to me the authority to submit this application on its behalf.

_____

Signature

Name:

Title:

Date:

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Attachment 1

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I **Peer-Run**	**LEVEL II** **Monitored**	**LEVEL III** **Supervised**	**LEVEL IV** **Service Provider**
STANDARDS CRITERIA	**ADMINISTRATION**	• Democratically run • Manual or P& P	• House manager or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	• Drug Screening • House meetings • Self help meetings encouraged	• House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services	• Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
	RESIDENCE	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed staff

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Attachment 2: Fee calculation for your organization

Affiliate fees for recovery residence provider associations are based on residential capacity provided by your members at each level of service. For a description of service levels please see Attachment 1. NARR established this fee approach to ensure an equitable distribution of financial support across organizations of different sizes, average resident capacities and service levels.

Please note that, until October 2012, fees for new affiliates are capped at a capacity of 1000 beds.

This table will help you calculate the affiliate fee for your organization based on your membership capacity in each level of service. Enter the total member capacity for each service level in column (a). If you're completing this form on your computer, the calculations should be done automatically in the form. The total fee is the sum of the $150 application fee and the capacity-based charge based on your organization's capacity and service level characteristics.

Fee estimation table

Line					
1	**Annual application fee**				**$ 150.00**
	Association capacity by level of recovery support				
		(a)	**(b)**	**(c)**	
		Total capacity (beds)	**Per-bed fee**	**Total for level (beds x per-bed fee)**	
2	Level 1	0	$ 0.50	$0.00	
3	Level 2	0	$ 0.70	$0.00	
4	Level 3	0	$ 1.00	$0.00	
5	Level 4	0	$ 1.50	$0.00	
6	**Total capacity-based charge (sum of lines 2 - 5)**				$0.00
7	**Total affiliate fee (line 1 + line 6)**				$150.00

Copy the total in line 7 to the total affiliate fee line in Section 6 of the application above. At least half of this amount is due upon application, and the remainder is due within 90 days.

If you have any questions about this worksheet, please email NARR at info@narronline.com.